

APPLICATION FOR TEMPORARY SERVICES for EARLY START

California State University, Fresno Services for Students with Disabilities

Date: _____

Name: _____
Last First MI

Address (Local): _____
Street/Apt# City Zip

Email: _____ Phone: (____) ____ - _____

Student ID: _____ SS# : _____ Birth Date: ____/____/____
(Last 4 digits Only if no student ID available)

Which CSU are you planning on attending in the Fall? _____

Did you receive services in high school and have an IEP/504 plan on file? Yes No

What is your disability/disabilities? _____

Please list accommodations/services that may be helpful with the Early Start program:

INFORMED RELEASE and CONFIDENTIALITY POLICY

Your right to privacy and confidentiality is a high priority at the Services for Students with Disabilities program at Fresno State. Our policy on disclosure of information conforms to the University's policies and state and federal law.

Except as noted below, no information regarding a student's disability or use of services will be released to parties outside of the disabled student service programs involved in providing your accommodations without prior written consent:

- Information may be shared in the course of consultation within the Early Start program, when in the best interest of the students.
- In extreme situation where immediate harm to self or other may result, the law may require that essential information be reported to appropriate parties.

When it is necessary to communicate information to parties other than those noted above, the student will provide written authorization by completing a special release form. Specific information to be obtained or communicated will be identified.

I have read and understand the confidentiality policy as stated above.

Student Signature

Date

Staff Signature: _____

Date _____